Notification o Hazardous Waste Site

United States 5/15 / / **Environmental Protection** Agency Washington DC 20460

Information is This initial notifies required by Section (2.3(c) of the Comprehensive Environmental Response, Compen-paper. Indicate the letter of the item sation, and Liability Act of 1980 and must which applies.

Please type or print in ink. If you need additional space, use separate sheets of

	be mailed by June 9, 1981.			610		, γ	√y \	ILS-(700 - 0	01-018
Ā	Person Required to Notify: Enter the name and address of the person or organization required to notify.		Name	Amo	co Oil Comp	any				
			Street	200	East Rando	lph Dri	ive			
			City	Chi	cago		State	IL	Zip Code	60601
B	Site Location: Enter the common name (if known) and actual location of the site. ILD 006272629			λmo	co Oil Comp	any (Ma	ain Of	fice -	WWTP)	
			Name of Site Amoco Oil Company (Main Office - WWTP)							
			Street	400	South Main	Street	<u> </u>			
			City Wo	od River	County M	ladison	State	IL_	Zip Code	62095
Ċ	Person to Contact:					<u> </u>				
	Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.		Name (Last, F	irst and Title)	Bartels,	C. A.,				
			Phone	618/251	-2403		waste	Contr	01	
ā	Dates of Waste Handling:									
	Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.		From (Year)	1951	To (Year)	198	30			
		· · · · · · · · · · · · · · · · · · ·		-						
L.	Waste Type: Choose the option	on you pr	efer to com	plete			-			
	Option I: Select general waste types and so you do not know the general waste types or encouraged to describe the site in Item I—D		r sources, yo	u are	Option 2: The Resource Coregulations (nservatio	n and Re	ecovery A	ersons fam Act (RCRA)	niliar with the Section 3001
	General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.	of Waste: X in the app	propriate	listed in the appropriate f the list of ha	igned a fo regulatior our-digit i zardous v	our-digit ns under number vastes a	r Section in the bo ind codes	3001 of F exes provid can be of	azardous weste RCRA. Enter the ded. A copy of btained by which the site	
	1. ☐ Organics	1. 🗆 Mi	ining		located.					
	2. Inorganics		nstruction	1	K052					
	 3. ☐ Solvents 4. ☐ Pesticides 	3. □ Te 4. □ Fe								
	5. 図 Heavy metals		per/Printing	,			, ·- <u>-</u>			
	6. ☐ Acids		ather Tannir	T .	ļ	_				
	7. Bases		n/Steel Fou	- 1					ļ	
	৪ □ PCBs		emical, Gen							
	9. Mixed Municipal Waste		ating/Polishi	i i		{				
	10. 🗆 Unknown		litary/Ammi	_						
	11. ☐ Other (Specify)		ectrical Cond						ļ	
		12. 🗆 Tra	ansformers						L	
		13. 🗆 Ut	ility Compan	ies						
			nitary/Refus			• -				
	15. 🗆 Ph				Í	0000	99	DIN -0	0 1	
		16. 🗆 La	b/Hospitai			J 0	U ,	2011 -8 1	0	
		17. 🗆 Ur	known							
			her (Specify)							
		Leaded	l Gasoline	e		EPA R	egion 5 R	Records O+-		

EPA Region 5 Records Ctr. 360684

Tank Bottoms

Form Approved OMB No. 2000-0138

EPA Form 8900-1

	Notification of Hazardous Waste Site	Side Two								
F	Waste Quantity: Place an X in the appropriate boxes to indicate the facility types found at the site. In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons. In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	Facility Type 1. Piles 2. Land Treatment 3. Land Treatment 4. Tanks 5. Impoundment 6. Underground Injection 7. Drums, Above Ground 8. Drums, Below Ground 9. Other (Specify)	Total Facility Waste Amount cubic feet Unknown gallons Total Facility Area square feet 2400 \$							
G	Known, Suspected or Likely Releases to the Environment: Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment. □ Suspected □ Likely □ None									
	Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.									
H	Sketch Map of Site Location: (Optional Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.	See attachment Designated (X) Ce	nter of Map							
i	Description of Site: (Optional) Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.	Multiple deposits	of leaded gasoline	tank bottoms						
J	Signature and Title: The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".	Name R. J. Baechle Street 400 South Main Street City Wood River State Signature		X Owner, Present Owner, Past Transporter Operator, Present Operator, Past Other						

& LEADED TANK BOTTOMS (MID TO UPPER PORTION













